DEPARTMENT OF THE ARMY
HEADQUARTERS, WALTER REED ARMY MEDICAL CENTER
6900 Georgia Avenue, NW
Washington, DC 20307-5001

IM-2   Nursing Policy   11 August 2005

Automated Clinical Systems Downtime

1. PURPOSE: To provide continuity of care and coordination of services by providing guidelines during automated clinical systems downtime.

2. SCOPE: Applies to all nursing personnel who document using the Clinical Information System (CIS) and Composite Health Care System (CHCS).

3. REFERENCES:

    a. WRAMC Clinical Information System User Training Manual, 15 Dec 1999.

    b. WRAMC CHCS Guide for Order Entry and the Clinical Desktop, 9th Ed, Feb 1996.

4. GENERAL GUIDELINES:

    a. Downtime procedures are implemented whenever the CIS or CHCS are inoperative for 2 hours or longer, or at the discretion of the charge nurse.

    b. All clinical areas will be prepared for automated electronic systems downtime by maintaining a 72 hour supply of hard copy clinical documentation forms (Appendix A).

    c. Staff on inpatient units will print the Medication Administration Record (MAR) for assigned patients at the beginning of each shift.

    d. Nurses will document the transition from electronic to hard copy medical record on the hard copy medical record. An entry will be made in the electronic record when the system is restored and the printed record forms will be retained as a permanent part of the medical record.

5. PROCEDURE:

    a. Printed forms (Appendix A) will be used during electronic documentation downtime.

    b. Orders written during downtime that remain in effect, will be entered electronically by a physician provider when the system is restored.

This publication supersedes NPOL IM-2 dated 22 August 2002.

c. All notes written during electronic downtime will be recorded on an SF509 (Progress Note), SF510 Nurses Note, or appropriate unit documentation form and will not need to be transcribed into CIS.

d. The "Computer Downtime Laboratory Requisition" form is used for laboratory procedures requested during downtime. Use one sheet per request. Results are placed into the hard copy medical record. Lab personnel will enter results into CHCS once the system is restored.

e. The I-STAT machine remains operational despite CIS/CHCS downtime. Follow the standard procedure for I-STAT download. The I-STAT coordinator will enter I-STAT results into CHCS once the system is restored.

f. Pharmacy is notified of medication orders by sending the pink copy of the DA 4256, Doctor's Orders, to the Pharmacy. Total Parenteral Nutrition (TPN) orders (DA 4700, OP 257) are sent to the pharmacy NLT 1300hrs for next day delivery. Bulk drug and controlled substance orders are sent to the first and second floor pharmacies respectively.

g. Radiology requests are entered on a Radiology Request Form (SF 519-B). Results are placed in the inpatient printed chart.

h. Patient admitted during CHCS down time will be given a temporary register number and blue stamp plate until the system is restored. Upon restoration of CHCS, Patient Administration will issue a permanent register number and places the patient into CHCS.

i.   Patients admitted during downtime may be entered into the Omni-Cell system manually by nursing personnel, using the family member prefix, full social security number, and the patient's first and last name. Personnel will enter user ID and choose "add new patient" to enter new admissions. Once the system is back up, the system administrator will reconcile the patient data manually.

j. CIS has the capability to print an Emergent Chart which contains:
   1) Admitting Physician History and Physical
   2) Progress Notes for the last 72 hours
   3) Active orders
   4) Vital signs for the last 48 hours
   5) Pharmacy Review Screen (Labs, Current Medications, I & O, Weight)

//original signed//
JOAN P. EITZEN
COL, AN
Deputy Commander for Nursing

APPENDIX A

Clinical Documentation Forms

The hard copy Medical Record forms: (listed in order of arrangement in chart)
1. History - Part 1 (SF 504) (physician use)
2. History - Part 2/3 (SF 505) (physician use)
3. Physical Examination (SF506) (physician use)
4. Progress Notes (SF509)
5. Nursing Notes (SF 510)
6. Consultation Sheet (SF 513)
7. Consent Forms (SF522)
8. Nursing Admission History and Assessment (DA 4700 WRAMC OP 380 or DA 3888 or MEDCOM Form 685-R)
9. Nursing Care Plan (DA 3888-2 or MEDCOM Form 689)
10. Nursing Discharge Note (DA 4700 WRAMC OP 229 or DA 3888-3 or MEDCOM Form 691)
11. TPR Record (SF 511)
12. Clinical Record - Doctor's Orders (DA4256) (physician use)
13. Therapeutic Documentation Care Plan (DA 4677 and DA 4678 or MEDCOM Form 689)
14. Preoperative/ Postoperative Nursing Document (DA 5179, WRAMC Overprint 613)
15. Intraoperative Document (DA 5179-1)
16. Surgical Check List (DD 1924)

Clinical Documentation Format Comparison

Component	CIS	Hard Copy
Discharge	Nursing Discharge Note	DA 4700 WRAMC OP 229 or DA 3888-3 or MEDCOM Form 691
Doctor's Orders	Plan of Care/Treatment Screen	DA 4256
Education Note	Interdisciplinary Education Note	DA 4700 WRAMC OP 548 or SF 509
Evaluation	Clinical Note	SF 510 or MEDCOM Form 689
Medications	Medication Administration Record	DA 4678
Nursing Admission	Admission Nursing Assessment and History	DA 4700 WRAMC OP 380 or DA 3888 or MEDCOM Form 685-R
Nursing History	Admission Nursing Assessment and History	DA 3888 or MEDCOM Form 685-R
Nursing Initiated Orders	Plan of Care/Treatment Screen	DA 4677 or MEDCOM Form 689
Patient Needs/Problems	Nursing Care Plan Mode	DA 3888-2 or MEDCOM Form 689
Vital Signs	Vital Sign Screen	SF 511